

AIIMS RISHIKESH**INDENT FOR PURCHASE OF STORES****(FORM P-2)**

1. Please fill a separate form for each item
2. Please fill completely in triplicate. Incomplete forms and those with illegible writing may not be accepted.

Name of items with full specifications & required accessories	Quantity(in figures and words)	Cost per unit (approx) in Rupees	Total cost (approx)
Dualok Localization Wire Size 20Gx10.7cm (REFLW0170)	200 (Two Hundred)	2464	492800/-
	Total Amount: Four Lakh Ninety Two Thousand Eight Hundred.		₹ 492800 /-

3. For equipment, please provide the following information

Detailed description of the actual use of the equipment

Is the equipment to be used for patient care of research: **Patient Care**

If both, state % of time to be used for patient care: % of time to be used for research

Is this/ similar equipment already available in the department? **NO**

When purchased? Cost at that time: Present functional status: Tests/ procedures done on this equipment in last year:

N/ARevenue generated by this equipment in last year: **N/A**If yes, what is the justification for this purchase? **N/A**Is this/similar equipment available in any other department in the Institute?
NOIf yes, what is the justification for this purchase? **N/A**

4. For Consumables, please provide following information:

Description of stocks available

When was it last purchased?

In what quantity?

Cost;

Source

Test/ procedures done in this period:

Revenue generated in this period:

Average annual consumption

Shelf life

Period for which this purchase will last Number of tests likely to be done with this quantity:

5. For furniture, please provide the following information:

Exact location and use

Existing furniture at that place

Justification for this purchase

Possible sources (name all sources you know) from where item may be obtained (name, address, phone no, fax no, email, etc of contact person)

INDENTOR

Dr. Farhanul Huda
 डॉ. फरहानुल हुदा
 Dr. Farhanul Huda
 आचार्य / Professor

Signature:

शल्य चिकित्सा विभाग

Dept of General Surgery

एम्स रीशिकेश / AIIMS Rishikesh

Name

Dr. Farhanul Huda

Designation

Professor

Date:.....

HEAD OF DEPARTMENT/SECTION

Dr. Somprakash Basu
 डॉ. सोमप्रकाश बासु
 Dr. Somprakash Basu
 आचार्य एवं विभागाध्यक्ष, चिकित्सा विभाग
 Professor & Head of Surgery
 एम्स रीशिकेश / AIIMS, Rishikesh

Signature:

Name

Dr. Somprakash Basu

Designation

Professor

Stamp:.....



अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश- 249203
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RISHIKESH- 249203

Form P-3

(To be attached with form P-2 for purchase of Proprietary Articles)

PROPRIETARY ARTICLE CERTIFICATE

It is to certify that the item(s) Dualok localization wire Size 20x1.0s. C.U. REF. 20170 (item name) as mentioned in Form P-2 may be purchased from M/s Bard Peripheral Vascular (manufacturer/supplier name), as to the best of my knowledge, M/s..... are the sole manufacturer/ supplier of the sole manufacturer M/s..... (manufacturer name) of above said equipment/ item.

Further, it is to certify that similar items manufactured by other firm(s) shall not be suitable for our purpose because of below mentioned reasons:

1. Not manufactured by any other firm.
2. _____
3. _____

Indenter Signature: [Signature] डॉ० फरहानुल हुदा
 Indenter Name: Dr. Farhanul Huda आचार्य / Professor
 Designation: Professor मुख्य चिकित्सक विभाग
 Department: General Surgery Dept of General Surgery
 Date: _____

Recommendation:
[Signature]
 Signature of Head of Department/Section Dr. Sumanth Kumar
Dr. Sumanth Kumar
Head of Surg. Y
Professor & Head of Surg. Y
Dr. Sumanth Kumar
St. Sumanth Kumar
Rishikesh, Rishikesh

Note: The indenter, before recording the above certificate should satisfy himself that the article is genuinely of proprietary nature and is manufactured under patent laws.

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